U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Fathure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only				
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - //04/	2. Fiscal Year Covered From: 01 / 01 / 24 Through: 12 / 31 / 04		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Willard D Pickett	Name Brotherhood. OF Railrand Signalman		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 477 Tevis ST	Street 917 Shewandoah Shores Road		
City Winches Ter	City FrONT ROYAL		
State Vinginia ZIP Code + 4 2260/	State Vinginia ZIP Code +4 22630		
5. Position in labor organization. Prosident			

Enter appropriate data below if, during the pas: fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (include	ing trade патте, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
_		7.b. Amount,			
Street					
City					
State	ZIP Code + 4				
		1			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of ti	he
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	

Signed

С

n <u>8-15-05</u>

540-622-6520

Te'ephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise

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8. Name and address of Business (including trade ாame, if any).		9. Business deals with:		
Name		a. Labor Organization		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street		b. Trust		
		c. Employer		
City				
State	ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or e	employer's name.	11.a. Nature of such dealing.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street		11.b. Approximate dollar value of such dealing.		
City		12.a. Nature of interest held or income received.		
State	ZIP Code + 4			
		12.b. Amount.		

C. Received from any employer (other than an employer covered under parts A and B abova) or from any labor relations consultant to an emp over any payment of money or other thing of value 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). IN Normal course of business, the Younglabl Law Firm sent ABOX OF Name The Youngdahl Law Firm STEAKS TO ME Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 400 Gold SW Suite 500 Albuquerque N. M ZIP Code + 4 70/9/ State 14.b. Amount of payment. 78.00 13.b. is the Business an Employer or Consultant